

The Fortnightly **REVIEW** *of*

THE CHICAGO DENTAL SOCIETY

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Midwinter Meeting Program Fast Taking Form

Stevens Hotel To Play Host—February 6-9

FOR eighty-five years the Chicago Dental Society has been putting on its Midwinter Meetings and for eighty-five years superlative adjectives have been used to describe these events in an effort to do them justice. The 1950 Meeting offers no exception. The four-day program of essays, limited attendance and general clinics will present the best talent the country affords and the manufacturers will go all out to do their part by showing off all that's new in dental products. Keen interest in the Meeting is being manifested already and those who plan to attend should lose no time in contacting the hotel of their choice and making reservations.

DOWN CLINICIANS' ROW

An all-star cast of essayists and clinicians has accepted invitations to participate. The members of the cast come from every part of the compass. Full and Partial Dentures are bracketed under the same heading with such headliners as LeRoy E. Kurth, James H. Pearce, and Loren D. Sayre in the Essay division and Paul A. Edmand, J. R. Carlton, Ralph E. Libberton, and Robert R. Gillis in the Limited Attendance Clinics. The Operative and Crown and Bridge section will present Carlisle C. Bastian of New York City; Arvin W. Mann of Ft. Lauderdale,

Florida; and Robert P. Dressel of Western Reserve University, discussing subjects ranging from "Hydrocolloid Impression Technic" to "Stress Breaking Design" in fixed bridgework.

Periodontia will be discussed by periodontists of renown. G. R. Lundquist, Dorothea F. Radusch and Edgar James are listed in this section which will be featured by a symposium with Joseph S. Restarski as the moderator. Another symposium which should draw a crowd will consist of Robert G. Kesel, Philip Jay of Ann Arbor, Leonard A. Fosdick, and Robert M. Stephan of the National Institute of Health. "Control of Dental Caries" will be the topic of discussion.

Among the oral surgeons who will participate will be found: Paul C. Salisbury of Chicago, Thaddeus P. Gregory of Indianapolis, and Henry Clark, Jr. of St. Paul. A pediatrician of note, L. Martin Hardy, M.D., of Chicago, will present his views of oral surgery procedures for the child patient.

PRACTICE MANAGEMENT

The section on Practice Management will offer a wide variety of subjects. "Efficiency in Office Routine" by Maurice E. Peters of Boston; "Developing a

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President Meyer Lauds Cooperating Agencies in Dental Health Education Program

IT would be difficult to find a more outstanding example of successful co-operation between several public and private agencies than the dental health education program now in operation in the public elementary schools of Chicago. This program, which undoubtedly could not be carried out alone by any one of the cooperating agencies, was planned, developed, and staffed by the Chicago Board of Education, the Chicago Health Department, the School of Dental Hygiene of Northwestern University, and the Chicago Dental Society through its Committee on Dental Health Education.

I have visited some of the schools in which the dental inspection part of the program was taking place and I have heard numerous reports of the success of the program from participating members of the Dental Society. I am happy to report to the membership that this program of dental health education is reaching a large segment of the child population of Chicago at a time when lifelong attitudes and habits are being formed and at a time when preventive dentistry can forestall the occurrence of major dental damage.

This cooperation program has been set up to include 27 public elementary schools the first semester of the current school year and probably will be carried on in an additional 60 schools the second semester. All first and fifth grade pupils in each participating school receive dental health instruction from their teachers and from the dental hygienists prior to the date of the dental inspection. To date, 9 schools have been completed and more than 2,000 pupils have been inspected, with approximately 62 per cent found to be in need of dental care. These pupils are given referral slips and educational materials to take home to their parents, who in turn are asked to have their children receive necessary dental

care at the earliest possible date. A follow-up is made by teachers and principals. Pupils from homes unable to pay for dental care are eligible to be referred to the clinics maintained by the Board of Education and the Health Department.

Without the wholehearted sponsorship and guidance of Dr. Herold C. Hunt, General Superintendent of Schools; Dr. Herman N. Bundesen, President of the Chicago Board of Health, and Dr. Don C. Rogers, Assistant Superintendent in charge of elementary education, this program could not have been developed. Their inspiration and foresightedness made possible the approval and implementation of this far-reaching health endeavor.

Dr. Hunt and Dr. Bundesen kept closely in contact with the developmental progress of the program through their able and energetic staff members, Mr. August H. Pritzlaff, Director of the public school Division of Health and Physical Education, and Dr. John C. Bergmann, Chief of the health department Division of Dental Hygiene.

A committee composed of Dr. Bergmann, Chairman; Mr. Pritzlaff; Dr. Charles W. Freeman, Dean of Northwestern University Dental School; Miss Evelyn Maas, Director of the School of Dental Hygiene of Northwestern University; Mr. Daniel O'Connor, Director of the health department Division of Health Education; and Edgar T. Stephens of our own Committee on Dental Health Education, worked for many months evaluating dental health programs in other communities, preparing materials, and setting up routine practices for the Chicago program.

Dr. Gerard J. Casey, Assistant Professor of Children's Dentistry at Loyola University School of Dentistry, and Dr. Maury Massler, Professor of Graduate

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Building a Practice in Children's Dentistry

By Corvin F. Stine, D.D.S., Evanston, Illinois

[Editor's Note: *Dr. Stine's background gives him the voice of authority in the field of dentistry for children. He was instructor in children's dentistry (pedodontia) at the Loyola University School of Dentistry, Chicago College of Dental Surgery following his graduation in 1923. He had charge of the Children's Dentistry Clinic at Cook County Hospital from 1924 to 1928, and was on the staff of Children's Memorial Hospital from 1928 to 1943. He practices in Evanston and limits his practice to pedodontia.*]

BUILDING a Practice in Children's Dentistry" is the subject suggested by the Chairman of the Essay Division of the Program Committee for the Mid-



Dr. Stine

winter Meeting as my particular contribution to this meeting. Upon receipt of this kind invitation, my first impulse was, as it has been in the past, to say "No" and thus entirely put it aside and forget about it. But as I discussed the mat-

ter with my associate, I am afraid he used his influence in getting me to accept this assignment.

Conducting a busy practice in children's dentistry and attempting parental guidance and influence over two boys and two girls, ranging in age from 17 to 23 years, does not give a father (and possibly a mother) much time for extracurricular activities. But, in surveying and evaluating the assignment, I thought that it should be an easy one and not require too much effort and time, or in the ver-

nacular of radio advertising, a snap, snap, snap! However, as the time arrived for the preparation of the same, I began to see the error of my judgment and I began to wonder if a technical assignment would not have been an easier one. But, be that as it may, and to get back to the subject at hand, what would someone interested in building a practice in children's dentistry want to know? Who would comprise this group that would be interested in listening to this discussion? How would developing a practice in pedodontics differ from that of a general practice?

ETHICAL CONCEPT

The ethical concept in developing a practice in pedodontics should not vary one iota from the established ethical concept of a general practice in dentistry or that of any other specialty in dentistry. The dental welfare of the child should always be the first and foremost impelling motive in rendering service to the child. At no time can the health, welfare, and normal development of the child be compromised, whatever serves the best interests of the child is the first and only interest of the pedodontist.

The responsibility of serving childhood, with its many complexities, embodies far greater responsibilities than that encountered in adulthood. The influence of your efforts is a force for either good or bad; technically, developmentally or psychologically. Your efforts are efforts that are being transmitted to progressively growing, developing structures or mechanisms, not to one that has reached its maximum development or is in its decline. The influence of your efforts is not static but is a factor that shall influence mouth conditions one, two, five, ten, twenty-five or more years later. Your management of the child will influence

*Presented at the Midwinter Meeting of the Chicago Dental Society, February, 1949.

the reaction of that individual to dental procedures for years to come; your conduct and teaching will influence the public's concept of many unfavorable impressions of dentistry.

Several years spent in general practice are always a valuable asset and a most favorable background for anyone selecting a specialty in dentistry, especially pedodontics. Without the first-hand knowledge of the problems and difficulties encountered in general dentistry for adults, the significance of many prognostics in the child will be obscured or lost. For the clinician, this knowledge and skill cannot be envisioned but only acquired by personal experience. The problems encountered with the child in relationship to a general practice will make you sympathetic and understanding to both the child and the general practitioner by virtue of the fact that you have previously experienced similar situations. From this experience you are better able to aid the child and to promote a friendlier relationship with the family dentist, who in many instances serves as a referral agent. The time spent in general practice gives you the opportunity of understanding the various problems faced in general practice, and the occasion to experience the other practices of dentistry, so that your selection of a specialty in dentistry will be the one to which you are best suited and in which you are most interested.

REQUIREMENTS FOR CERTIFICATION

Having thus made the decision that the practice of pedodontics shall be your lot in life, set out to fulfill those requirements which are set down by the American Academy of Pedodontics and American Board of Pedodontics. Pedodontics has had a varied existence the last twenty-one years or so, but it now has come of age. It is ready to assume its obligations together with the other recognized specialties of dentistry. The January, 1949, issue of the *Journal of the American Dental Association*, page 114, carries an article

on "Requirements for Certification by the American Board of Pedodontics," which lists the minimum requirements necessary for certification as a pedodontist.

If you reside in a state which requires a specialty licence to practice a specialty, prepare yourself to meet the necessary requirements as laid down by the laws of that state. Should you meet the requirements of the American Academy or American Board of Pedodontics, the chances are that you have more than fulfilled the requirements of the state licensing board.

LOCATION

Having met these requirements, you are in a position to select a location if you are not already located in the area of your choice. If you have conducted a general practice in a locality and intend to work in the specialty of pedodontics at this location, you will have been already acquainted with the locale and know well the particular problems of that area and what the future will present to you in terms of a dental practice for children.

If you are selecting a new location for your specialty, what would be some of the factors influencing the choice of the area? First, shall the selection be a metropolitan location or a suburban one? Having practiced in both areas, I will attempt to give you my particular reaction to both locales.

The metropolitan area naturally presents a greater parking problem and requires a little more planning on the part of the parent to make suitable arrangements to keep dental appointments. The fact that this planning is necessary may decrease the number of broken or forgotten appointments. The parent in keeping a personal dental appointment may find in their particular instance that this creates an opportunity for shopping, for the theater, or some other occasion. A dental appointment for the child limits this opportunity and demands more

of the parent's time that could be used to advantage elsewhere. Many parents, after the initial series of operative procedures have been completed and the dental conduct and poise of the patient established, seek future professional service in their immediate locality. On the other hand, a metropolitan location makes all outlying locations and suburban localities a possible area of supply and the moving of families from one locality to another does not eliminate them as patients in your practice.

A suburban practice, in most instances, lends more favorably to parking facilities. In cities of great distances, as the larger metropolitan areas, the time involved in transportation to and from the office may amount to one to two hours per day, or in other terms, one day per week is utilized for reading the newspaper to and from the office that can otherwise be transformed into more productive hours or greater recreational opportunities. The ease of access to the office reduces the time necessary for the parent to accompany the child to the office and in many cases eliminates entirely the necessity of the parent being present at all. This ease of access may also make it easier to forget their appointments or their plans may be diverted while on the way to the office. A very firm and exacting understanding of the importance of keeping these appointments and the costs involved in carelessly neglecting them, soon corrects most of these practices. Being a part of a smaller community, you develop a more intimate relationship with the families served and there is not the tendency for the child to seek dental services elsewhere unless they move from the community. In most instances, rental space is less expensive and more freedom in office design is permitted.

FURNISHING AN OFFICE

Furnishing and equipping an office for pedodontics will vary as much as furnishing and equipping an office for adult dentistry. Individual personality and in-

genuity, together with the amount of the investment, will govern the character of the appointments and equipment. There will be as much variety in the various offices devoted to pedodontics as you find in the personalities of the various pedodontists, which is as it should be. A child's dental chair proves valuable for the very young child but is not absolutely necessary for someone just developing a practice in pedodontics who already has the regular adult chair. I can see no need of changing it should finances not permit. The same instruments and equipment as are used for other patients can be employed on the child. A contra-angle hand-piece with a small head, short shank burs, a small mirror, and small trays are a few items that are helpful but even then not absolutely necessary. The longer I practice pedodontics, the more I am convinced that the simpler the equipment, the better. Most dental units stripped down to cuspidor, motor, instrument tray, light, and air syringe will serve the purpose just as satisfactorily, with fewer questions to be answered and less vigilant supervision required. The more elaborate the equipment and furnishings, the more questions you are inviting and the more unproductive time you are encouraging. The more elaborate offices seem to impress the parent more than the child. Gaiety in wall and window treatment, with a few well-selected, colorful pictures, can produce a pleasant, youthful effect in the operating room without moving pictures on the ceiling, gadgets for the child to start and stop the engine, Mickey Mouse running on the engine belt, or a dozen and one other items to attract the attention of the child and render operative procedures more difficult and trying.

RECEPTION ROOM

The same idea applies to the reception room. Gaiety, color, youthfulness, and simplicity applied to the furnishings will prove most effective. A few small chairs are in order for the younger children.

Toys in the reception room are not satisfactory; they soon become sticky and dirty and are ideal carriers of bacteria and disease because of constant handling and frequent wetting with the mouth. In the majority of cases, the children desiring toys will have their own with them and so this particular phase of entertainment cares for itself. A liberal selection of comic books and magazines will prove the most effective means of keeping decorum in the reception room and are easily and economically replaced when soiled. A radio, out of reach of the young child, is a valuable asset as requests for specific programs are constantly being made by both parent and child. In certain cases, it is a valuable adjunct in keeping the child's mind occupied during operative procedures.

Office personnel naturally should be pleasant, alert, and interested in children and their problems. They should command the child's respect and obedience and encourage the child's confidence and allay his many fears. A tactful assistant can act as a conciliatory agent between dentist and parent or dentist and child when stern and unyielding measures are necessary for disciplinary reasons. Her role in the office can be one of paramount importance if she devotes some time and thought to her part in the child's psychological dental growth and development.

OBLIGATIONS

The pedodontist must develop the combined art of favorably impressing both parent and child. His obligation to the child is threefold; complete control of the child, the application of quality service, and the development of the child into an intelligent, cooperative dental patient. His obligation to the parents is to teach them the value and importance of dental care to the child, the necessity of regular dental observation, and the recognized means of attempting to render the mouth caries-free or caries-inactive.

Naturally, the pedodontist will attract the greater portion of children with com-

plex dental problems, behavior, and maladjustment complexities, extremely young children, and children with subnormal tendencies or other physical handicaps. The ability to render dental service in an efficient, effective manner to these children is perhaps the first challenge which your ability as a pedodontist will meet. The successful management of this type child will create an impression of confidence and ability that will permeate or spread through their host of friends. This also reacts favorably to the party referring the child and develops a friendlier relationship between all three parties involved.

At no time can the quality of service be compromised. True, there are different types of services that can be rendered and circumstances may govern the choice of each. But when that choice is made, there is no reason for anything but a rigid application of all principles that govern or control the procedure in question. A practice may be developed by an amiable personality but can never thrive for any great period of time without rendering the maximum in skillful, quality service.

The pedodontist's obligation does not terminate in rendering his service in a pleasant, agreeable manner but he must help and guide the child in acquiring habits that are essential to the normal development and preservation of all dental and associated structures.

The child should be taught the best manner in which he can attain and maintain oral cleanliness and health, and should be encouraged, as well as required, to maintain this program at all times, especially during the period of treatment. The child should be impressed with the part he has to play in rendering his mouth caries-inactive or caries-free and the advantages to be gained by a strict adherence to a program of this nature. The pedodontist must be alert to all factors that will influence the child into assuming a forward, progressive opinion of the profession and its services as he develops into and attains adulthood. This future parent's concept of dentists and dentistry

will be principally the results of his early impressions and teaching.

RELATIONSHIP WITH PARENTS

To the parents, the pedodontist must quickly justify the confidence shown by bringing their most prized possession, their child, to him for dental services. First, it must be demonstrated that you are familiar with, and that you are the complete master of the situation, whatever it may be. A thorough dental examination should be made and carefully recorded, which should include x-rays and models if necessary. With this information, your diagnosis can be completed and then comes the pedodontist's greatest opportunity to educate the parent to correct dental procedures for the child, how to acquire and maintain oral health for their child, how the parent is an important party to this obligation, how pedodontia is a health service and not necessarily a charity service, and lastly that you are alert to their problems and that they have discovered someone who understands them. At this point, all the time that is necessary to establish an understanding relationship between parent and pedodontist is taken. If the approach is thorough and complete enough at this time, future contacts will be nil or held to a very minimum and future appointments can be devoted to operative procedures. Your impression on the parent at this time more or less determines how enthusiastic an agent you are sending out into the locality to solicit patronage for you. This may be expressing it bluntly and frankly but nevertheless, truthfully. When the original program is completed, opportunity again knocks. The parent is called in, the results of the intervening appointments shown, the parent is instructed as to what to expect from the services and what you expect from both the parent and the child. In these intervening appointments you have established your ability to produce, now you can demonstrate the fruits of your efforts by showing the parent the reconstructed

mouth and comparing it to the condition at the initial appointment. Mouth hygiene can be noted, comparison or saliva tests made, instruction given to either parent or child in the presence of the other and arrangements made for a future recall, check-up examination.

The manner of establishing this recall system will vary with the clientele served, the period or phase of practice, the interest of the family served, and the individuality of the pedodontist. In my own practice, most children are recalled every three months. An appointment is given them for three months ahead upon completion of their work. As all patients are called by telephone the day before their appointment, they are thus reminded of this appointment and the chance of forgetting is eliminated and, if inconvenient, a date that is satisfactory is agreed upon. Also, this reminder twenty-four hours or less before the appointment makes it possible with very little argument to enter a charge for time which has been contracted for but which cannot profitably be utilized, should they fail to appear.

FEEES

This quite naturally brings up the question of fees. Children's dentistry is practically operative dentistry for children. This means operative dentistry is going to have to stand on its own feet and exact a fee that is commensurate to the service rendered. There is no opportunity for a large prosthetic or surgical fee that has previously been established and which can be utilized to balance a substandard operative fee. If a fee is to be charged, a service must be rendered. Most parents are not interested in paying fees for you to play with or amuse their children. If I desire to do that, I want to play with my own children or choose the ones that appeal to my individual personality. My thought is to render a service at each appointment and enter a charge for it.

Parents, in general, have not been edu-

cated to pay for dental services for their children. Too long have children been cared for as an accommodation and thus the quality of the service rendered has suffered. After a careful examination, a planned program should be made and an estimate given and a fair fee established for the service. At no time should this program be compromised to reduce the fee, for it is better to lose a patient because of a higher fee than to lose them later because of an inferior quality of service brought about by a reduction of fee. Because of this lack of appreciation on the part of the parent, many parents will seek professional service elsewhere, many times to return a year or so later after they have discovered the folly of their false economy. A higher percentage of lost patients probably results for the pedodontist than for the general practitioner because of attempting a more ideal fulfillment of his obligation and demanding a more just and commensurate reward for it.

How is a fee established? Is a charge made for service rendered or is the charge made by the hour? My personal choice is to charge for the service rendered. If a charge is made by the hour, you are subjecting yourself to constant observation and quibbling over time on the telephone, talking to parent or child, or a dozen or more other items. After a short period of practice, you will soon find the amount of time consumed in accomplishing various operations. With this information, you can establish a fee for any operation (or time) by adding to the previously determined overhead whatever amount you have decided that your services should command.

HISTORY

A history is taken of each new patient and if much operative work is necessary after the mouth has been charted and diagnosis rendered, a fee is established and method of payment discussed. Patients whose credit has been established by previous contact are carried on a first

of the month statement basis unless a fee of large proportion is in the offing or previous experience has deemed it unwise.

Offering of prizes or bribes to accomplish an end is merely a means of expressing your own inadequacy and should not be practiced. In most cases, the child has already in its possession a selection of much better gifts than you are able to offer. A bird card is given the very young child after they are removed from the dental chair and without any previous mentioning of it. This is not done as a bribe but merely because they are accustomed to receiving a present wherever they go and this seems to suffice.

Where do the patients come from or what are the sources of referral? Naturally, outside activities in which you are engaged offer the same possibilities as they do for the general practitioner in dentistry; except that your ratio is lowered because you are limiting your practice to a certain portion of that contact. This type of referral often requires a considerable period of waiting and usually comes at a later time when a greater degree of independence has already been established.

At the beginning, your fellow colleagues, the dentists in general practice and the specialists in other dental specialties, offer the most opportunities, together with physicians and pediatricians. The pediatrician can be, but may not necessarily be a very good source of supply. It depends upon their concept of pedodontics and your ability to correct any faulty opinions that they may have acquired. I might say that since pedodontics has become of age, that problem is nearly eliminated and that the majority of the pediatricians are very alert to our problems.

SATISFIED PATIENTS

Once a nucleus of a practice has been established, the greatest number of referrals will come from satisfied patients. A new patient usually opens up an en-

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NEWS AND ANNOUNCEMENTS

ZIPS ELECT NEW OFFICERS

The Chicago Alumni Chapter of Xi Psi Phi Fraternity held their annual election on November 10, 1949, at Abbott Hall. Joseph F. Porto was elected president; B. Placek, vice-president; George R. Olfson, secretary; Robert F. Tuck, treasurer, and William F. Ford, editor.

"SAVE THOSE TEETH"

A new motion picture for dental health education purposes has been released by the American Dental Association. The title is, "Save Those Teeth." It was produced by the Encyclopaedia Britannica Films, Inc., in collaboration with Dr. J. Roy Blayney, Director, Walter G. Zoller Memorial Dental Clinic, University of Chicago, and Chairman of the Committee on Dental Health Education of the Chicago Dental Society.

This picture is a black and white, 16 mm. sound motion picture, requiring eleven minutes running time. It may be rented from the American Dental Association for \$2.50 per showing or \$4.50 per week.

DENTIST RATIO MORE FAVORABLE

The Bureau of Economic Research and Statistics of the American Dental Association reports that a recent survey shows that the United States has an average of one dentist for each 1,727 residents. Distribution of dentists varies from one dentist to each 1,029 residents in New York state to one dentist to each 4,472 residents of South Carolina. Illinois rates fourth with one dentist to each 1,317 residents.

DR. CLYDE C. WEST 1879-1949

Dr. Clyde C. West, a member of the North Side Branch of the Chicago Dental Society, passed away November 8, 1949, after a brief illness.

Clyde, as he was known by his friends in the dental profession, and Dr. West by those not associated with the profession, was respected and revered by everyone with whom he came in contact. To know him was to love him. The fullness of his life can be expressed in his devotion to duty and unceasing diligence.

He graduated from the Chicago College of Dental Surgery (now Loyola University) in 1905 and became a member of the Chicago Dental Society in 1906. He maintained an office at Lincoln Avenue and Irving Park Road for over forty-two years. He was a life member of the Chicago Dental Society, the Illinois State Dental Society and the American Dental Association. Ever since joining the Society, he has served organized dentistry in one capacity or another. He was a member of every committee on the North Side and served a year as its president. He was director to the parent society for one term. His greatest contributions came from his services on the Ladies' Entertainment Committee when it was very active. During the Centennial Dental Congress, he was chairman of this committee and labored hard and long to make it the great success it was. He was a member of the Public and Professional Relations Committee for a long time and his efforts are reflected in the magnificent results it has attained. His constancy of purpose was the highlight of his career. He was a member of the American College of Dentists and was always on hand at the meetings of the Illinois section. He was a member of the Xi Psi

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ANNUAL CLINIC NITE

West Side Branch, Chicago Dental Society

Tuesday, December 13, 1949

Midwest Athletic Club

7 N. Hamlin Ave.

PROGRAM

Social Hour—6-7 p.m.

Dinner—7-8 p.m.

Table Clinics—8-11 p.m.

CLINICIANS

1. Robert J. Carroll—"Gingivectomy."
2. Gerard J. Casey—"Use of the Ellis Crown."
3. Kenneth P. Austin—"Full Dentures."
4. Sol S. Flores—"Obturators in Dentistry."
5. A. J. Malone and Ralph Neaderland—"The Significance and Management of Oral Habits."
6. Merril J. Shepro—"Sound Film on Technic of Root Resection."
7. Irwin B. Robinson and Daniel M. Laskin—"Radiographic Interpretation."

Wives and Assistants are invited

Refreshments

NEWS OF THE BRANCHES

NORTH SIDE

My dad once told me never to tell my troubles to anyone, for half of the people are glad you have them and the other half don't give a damn; so I'm going to make half of you happy by stating that I have tonight recovered from virus pneumonia, and will do my best to put this column together. . . . At times it's real fun to write, but some of the news rather sombers my task tonight. In the past week, three friends of mine have passed away, all from heart failure and two were in their forties. Look around; how many fairly young men do you know that have heart trouble? Too many, if your tally is anything like mine; let's slow down a little, fellows; it *can* happen to you and it does. . . . Two of the above were dentists whom many of you knew. Ruby Art was at his office one night and the next morning he was dead. This shouldn't happen to a man in his early forties. . . . Clyde West, that lovable old fellow who has held practically all the offices on the North Side, and probably could have had anything he wanted in the Chicago Dental Society, has finally finished his physical work here and gone to better things; however, I'm sure that many of his high ideals will carry on for years to come. Clyde gave a great deal, made many friends, and we are certainly going to miss him. The Joyce Methodist Church is sponsoring a permanent memorial for Dr. West, and anyone interested in contributing may contact Robert Wessling, 3903 North Lincoln Avenue. . . . As you probably know, our next North Side meeting is December 5. This is a new type meeting, so let's make it a big success. Walter Nock recently visited his boy at the University of Wisconsin and had a talk with Dr. Allee Peetz, our speaker of the evening. He is sure the discussion will be interesting to one in

any branch of dentistry. In addition to the speaker, there will be a number of table clinics that might be helpful to the dental assistant. To aid with these will be the president of the Chicago Dental Assistants Association, Barbara Satterthwaite; Mrs. John Silberhorn, and others. Your assistant can't get anything out of this unless you bring her, so be sure to do that. . . . The weather has been a little too good for bowling, but we have gotten under way; however, it is not too late to join. Come on out. . . . Saw Ray Dix at the alleys and learned he is the proud possessor of a new Cadillac. Bet there's a trip in the offing. . . . George Haberline just returned from one to the South, Arkansas to be exact, called it a second honeymoon. One excuse is as good as another, I guess; the main thing is to get the trip. . . . Stan Goldberg got himself a trip to Washington University in St. Louis by exposing himself to an Orthodontia course. . . . Paul Edmand also took a trip and I think we should be proud of him, for he was the guest speaker before the First District Dental Society of New York City. Of course, his subject was "Full Mouth Rehabilitation," and I understand there was an attendance of about one thousand. . . . That's all I can do for you now.—*Robert C. Pond, Branch Correspondent.*

KENWOOD-HYDE PARK

Note change! Dr. Bob Placek will be the essayist for the December 6 meeting of the Kenwood-Hyde Park Branch, instead of Dr. Maury Massler. Dr. Placek will read a paper on "Cavity Preparation for Gold Inlays." He is an essayist and clinician of national reputation and will bring to us a very practical demonstration of the use of gold inlays. That date

is Tuesday, December 6, at Hotel Sherry. Dinner at 6:30 p.m.; scientific meeting at 8:30. Mark off on that appointment book now. . . . Milt Braun read a paper before the Illinois Chapter of the American Society of Dentistry for Children on "Interception of Malocclusion." Stanley Korf also presented a paper on "The Economics of Children's Dentistry." There were eighty in attendance, which speaks well for this newly reorganized group. . . . It is with a great deal of regret that I report the passing of one of Kenwood's veteran members, Fred H. Brosnihan. Fred was in his 46th year of practice. To his family, we extend our sincerest sympathy. . . . Late vacation item—Howard Shepard made a 4,000-mile auto trip through the East. While East, Howard attended the graduation exercises of his daughter, Carroll, graduated from the Putney School at Putney, Vermont. She is now enrolled at Sarah Lawrence School in Brooklyn. Our best wishes to the graduate! . . . Nimrods Fischer and Dundon opened the pheasant season with one pheasant, one rabbit—and quail? They missed a few, too. . . . Our November meeting was very well attended and Sig Bradel gave his usual fine presentation, which was very helpful and certainly should improve our x-ray work. Thanks for a swell job, Sig. . . . Howard Strange gave a short summary on socialized dentistry in Europe, which should stimulate all of us to get on the ball and really go to work. We will await a full report in the near future. Keep up the good work, Howard! . . . For dinner reservations, call Stan Wrobel at PLaza 2-6020. Any news, telephone me at SOutH Chicago 8-1823.—*Elmer Ebert, Branch Correspondent.*

NORTHWEST SIDE

Those of you who have been reading your correspondent's mutterings these last several issues know that we have been extolling the pleasures and benefits of our monthly meetings. Our last meeting more than lived up to the ballyhoo

we gave it in this column. Ed Friedrich really pulled out all the stops to give the boys a terrific session. He had invited many of the top personalities of the Chicago Dental Society and it is indeed a tribute to Ed's reputation that many of them accepted the invitation and not only appeared but addressed the members with short talks. Among them were President George Edward Meyer, President-elect Arno L. Brett, Vice-President Samuel R. Kleiman, Secretary Edwin W. Baumann and Treasurer Elmer Ebert. Prexy Meyer congratulated our branch on the fine showing and praised the program of activities which has been planned. The meeting was devoted to the subject of *Dental Health Education*; the principal speaker was a foremost authority on children's dentistry, J. Roy Blayney, head of the Zoller Clinic. Due to the length and broad scope of the program, the business portion of the meeting was suspended. Nevertheless, our president, Pete Wlodkowski, was on hand to open the meeting and introduce the honored guests. The group of speakers then went to work in earnest. Dr. Blayney spoke generally on Dental Health Education and stressed the theme that the patient should be educated and not merely treated and sent on his way. His advice was to explain to the patient the cause of his condition, suggest appropriate diet to be followed and insist upon follow-up checks on the future progress and condition. With reference to children, the speaker strongly emphasized the need for greater attention to this field and deplored any tendency to shirk such tasks. L. Fosdick took up the discussion of *The Control of Caries* and explained the destructive effects of sugar intake and made many valuable suggestions for control of caries by means of fluorides, vitamins, etc. Edward Stephens, director of the Educational Programs, told of work with Dr. Herold Hunt, Superintendent of Schools, in cooperation with the Dental, Medical and Health Departments, to formulate a real health education program. As a matter of fact, our city has been awarded a blue ribbon for fostering the

best program of health education in the schools. T. M. Graber spoke on *Orthodontia* and showed some very illuminating slides on minor orthodontia suitable for the average practitioner. Frank Kropik gave a fine informative discussion on *Procaïne Anesthesia and Anatomic Injections and Prevention of Pain in Cavity Preparation*. N. Manley Elliott, of the North Side Branch, opened the eyes of the members to the practical economic aspects of children's dentistry, pointing out that it is not only important that our profession take care of children, but that in so doing the dentist stands to reap a fine harvest of business. This was amply demonstrated by statistics gathered from many sources. And last but, of course, not least, Ed Friedrich showed his now famous film on child management, this is the same film which was shown with such great success at the national convention. The meeting was a huge success. Ed Friedrich, as chairman of the committee, was able not only to draw most of our members out, but representatives from all of the other branches attended as well. Thanks, Ed, for a terrific job well done. . . . We have gone into considerable detail in reporting this last meeting; firstly, because it was so successful; secondly, to show the kind of programs your branch is putting on; and thirdly and most important, to convince those of you who haven't been attending that you have really been missing out. . . . So, this is an apt time to give you notice of our next meeting on December 13. This meeting, under the direction of I. F. Brzezinski, program chairman, will be in honor of the past-presidents of our branch. The feature speaker of the evening will be A. J. Rushing, whose topic will be "The F.B.I. at Work." So, in addition to having an opportunity to honor the past-presidents, you can look forward to another fine evening. Make a note right now of the date, place your reservations and plan to be with us on December 13. . . . Your correspondent felt that a full report of the November 8 meeting was so important that he has deferred writing about the various happenings to and by our mem-

bers during recent weeks. You haven't been forgotten, fellows, and we do appreciate so much your cooperation in sending in news items. Telephone me at HUmboldt 6-0272.—J. S. Lebow, Branch Correspondent.

WEST SIDE

Our Clinic Committee is busy assembling clinicians and exhibits for an interesting clinic night to be held on December 13. The program thus far includes the following doctors and their respective clinics: Robert J. Carroll—"Gingivectomy"; Gerard J. Casey—"The Use of the Ellis Crown"; Kenneth P. Austin—"Full Denture Technic"; Sol S. Flores—"Obturator in Dentistry"; Ralph Neaderland and A. J. Malone—"The Significance and Management of Oral Habits"; Merril J. Shepro—Sound film demonstrating technic of root resection; Daniel M. Laskin and Irwin B. Robinson—"Radiographic Interpretation." There are to be many fine exhibits and this promises to be one of the best clinics presented and should be a *must* on your agenda. . . . The University of Illinois College of Dentistry will hold its annual alumni day on December 7. The College and its clinics will be open for inspection. Dr. Roger A. Harvey, famed radiologist, will speak on "The Betatron in Medicine." Dinner will be served in the Union building and Gene Bernstein, renowned magician and hypnotist, will entertain afterwards. . . . Handsome John J. O'Connell served as our program chairman last month. He introduced Dr. Kenneth P. Austin, who gave an excellent talk on "Full Dentures and Patient Control." Our regular program chairman, Marv Chapin, was basking in the Hawaiian sun and eating pineapples. . . . We were all glad to see Fred Porath back with us. Fred is also back in his office but taking things rather easy. . . . M. Perlin has been toasting everyone in honor of his first grandson. Congratulations, Grandpa! . . . Frank J. Kos has recently been elected commander of the

Disabled American Veterans, Chapter 47. . . . Earl Boulger gave an excellent report, at our last meeting, on the American Dental Association convention at San Francisco. If you care to have a report on the night spots in Frisco, see Boulger personally. Mike DeRose attended the periodontology session at the meeting. George Rehm presented an original essay, "Infecting Kindness, Thoughtfulness, and Consideration Through Human Contact." It was a beautiful essay to hear and I am sending it to the REVIEW for possible publication, so that all of us could read it. . . . Lewis Weinshenker was recently elected macer of Alpha Omega fraternity and is working feverishly to get the A. O. convention, which is to be held soon, under way. . . . Glad to see Howard Rosen back with us. He was very ill and was away from his office for about six weeks. . . . The Forum Committee is making arrangements to have a few educational tours through Stateville penitentiary, Dee Company, Elgin Watch Company, etc. These tours are very interesting and informative in that they present one with a broader and more intelligent concept of the activities and management of these large institutions. . . . Bill Gubbins' daughter, Patty, recently enjoyed her third birthday. Bill had to leave our meeting early to serve as host for Pat's party. Where's the birthday cake, Bill? . . . How about giving with the news, fellows. Telephone me at MANSfield 6-7262.—*Irwin B. Robinson, Branch Correspondent.*

SOUTH SUBURBAN

Come one, come all! We of South Suburban are out to outdo ourselves. Our attendance at the last two meetings has been well over the 50% mark. Whether this is due to the excellent meals served at Surma's or the fine speakers we have been having, I don't know; but the fact remains that the boys have been turning out and, if the last meeting was any indication, there will be more and more coming all the time. At our last meeting,

S. A. Lemke and H. W. Frietag were present. These men have been members for some time and have finally gotten around to coming to a meeting. Also present was R. C. Dykstra of Flossmoor, a new member. Welcome to our ranks! Mike Hughes and Dan Altier gave us some of the highlights of their trip to San Francisco, including both business and pleasure. Our speaker of the evening, Dr. Anton Malone of the University of Illinois, gave us some very practical information on the know-how of the management and control of rampant caries. The nicest thing about his talk was that the technique is applicable to the use of the general practitioner in his every day practice. . . . In the department of joys and sorrows, we are happy to report that our ailing member of Blue Island, E. E. Carlson, is well on the road to recovery and all he needs now is the time to recuperate. . . . Also on the ailing list is one of our new members, G. E. Alpert of Park Forest, who has undergone surgery and is now convalescing. Just what the nature of the ailment was, my source of information did not reveal. . . . I don't know whether Folkers was joshing me or not, but while sitting at the dinner table at the meeting, he proudly announced that the stork would be adding a potential dentist to our ranks sometime next April. . . . That's all for now, see you all at Surma's, December 6.—*H. C. Gornstein, Branch Correspondent.*

ENGLEWOOD

What some people won't do for a little ethical unethical publicity! Just to make the front page of the *Daily News*, Leo Finley hied himself up to Canada to hunt deer and then let the deer hunt him for three days. And then he complained because the *News* did not also print his office hours and a fee schedule. Anyway, at the last meeting Leo gave an interesting description of his experiences while lost in the Canadian wilds for several days. . . . Sam Rabishaw has

(Continued on page 26)

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Wanted: Young dentist, experienced, wishes to associate with older man. South Side preferred. Address W-4, The Fortnightly Review of the Chicago Dental Society.

APPLICANTS

(Continued from page 19)

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RAYMOND, WALTER (U. of Ill. 1949) North Suburban, 1002 Central Ave., Wilmette. Endorsed by Paul B. Bass and S. H. Yale.

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**PRESIDENT MEYER LAUDS COOPERATING
AGENCIES IN D.H.E. PROGRAM**

(Continued from page 6)

Pedodontics at the University of Illinois College of Dentistry, served as consultants to the committee.

The recommendations of the committee were presented to a Board of Education committee of curriculum experts where final evaluations were made before the program was presented to principals and teachers of the public schools.

We feel that this program has gotten off to an excellent start and we are looking forward to its further development. I am proud that the Chicago Dental Society has had an opportunity to cooperate with the Board of Education, the Health Department, and all three dental schools in making possible this most worthwhile and far-reaching program of dental health education. I am glad that the children of Chicago will benefit from our united efforts.

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MIDWINTER MEETING PROGRAM

(Continued from page 5)

Dental Practice" by Wm. N. Miller of Flint, Michigan; and "Successful Use of Credit in Dentistry" by Lloyd H. Dodd of Decatur, are some of the attractions in this section.

Alfred E. Seyler of Detroit, Ruth Martin of St. Louis, and S. T. (Sandy) McGregor of Toronto, will bring prestige to the Children's Dentistry program.

Saul Levy of the University of Illinois College of Dentistry and J. H. Kaiser of Columbus, Ohio, have been signed up for the Root Canal section.

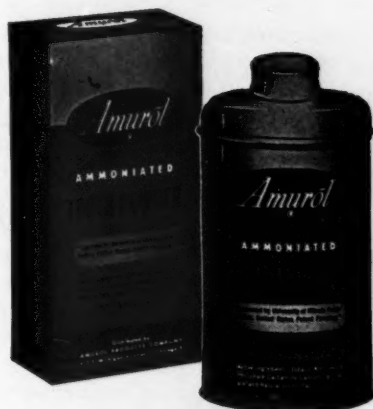
Robert R. Fosket and Byron J. May, both of Chicago, will give advice to those interested in Radiography.

Last, but by no means least, Orthodontia will be represented by Louis Braun of Detroit and B. L. Herzberg of Chicago; their subjects, "Analysis and Treatment of Class II Malocclusion-Extraction or Non-Extraction," and "Facial Esthetics in Relation to Orthodontia Treatment."

BEHIND THE SCENES

Officers, committee chairmen and committee members have been hard at work for several months planning this "greatest show on earth" and they deserve recognition. The General Chairman of the Midwinter Meeting is James W. Ford and his right hand man is John R. Thompson, Chairman of the Program Committee. Serving with them are: Lyle F. Azeltine, Essay Division; Edward W. Luebke, Limited Attendance Clinics; Henry Boris, General Clinics; William F. Tolar, Health and Education Exhibits; Irwin G. Neer, Motion Pictures; and Russell G. Boothe, Scientific Exhibits. Upon these men rests the responsibility of setting up the 1950 Midwinter Meeting Program, but their task would be impossible without the "shoulder-to-the-wheel" spirit of the man in the ranks, some 200 of them.

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**BUILDING A PRACTICE IN CHILDREN'S
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(Continued from page 12)

tirely new group of potential possibilities and in a few weeks' time the telephone soon verifies this fact.

A "thank you" card or a letter of acknowledgment sent to the person referring the child patient is a courtesy that creates a favorable impression and keeps your name before them. Knowing the referral party will determine the necessity for or the type of correspondence that will best serve the purpose.

Any activity that brings you in contact with individuals who act as referral agents naturally stimulates the growth of your practice. Attendance at dental society meetings and entering into their activities, whether it be as an officer, essayist or clinician, tends to increase your acquaintanceship and improve your capabilities. Part time teaching positions and hospital affiliations will increase your potentialities and keep you more alert to the complexities of your specialty.

In conclusion, the pedodontist must maintain the highest ethical concept possible, always remembering that the child's dental welfare supersedes other demands made upon him and that the golden rule should function wherever any doubt exists. It is the duty of the pedodontist to prepare himself to meet the requirements of the American Board of Pedodontics and the American Academy of Pedodontics and to acquire specialist license in those states which require such a license. The pedodontist must then develop that finesse and poise necessary to cope with either or both parent and child with their myriad of complexities. His operative skill and ability must never be in question and its application must be paramount. The value of the service performed upon the child must be impressed upon the parent and a fee, commensurate to this service, rendered. The pedodontist should take every means at his command to improve his capabilities and potentialities by proper professional and social affiliations and activities. If he then takes care of his practice, his practice will take care of him.

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NEWS OF THE BRANCHES

(Continued from page 18)

announced that his Dental Health Education Committee is getting under way in Englewood with a very ambitious program. Some sixteen schools are on the list for dental surveys. This is a most worthwhile project, but a lot of work; so if you are asked to participate, please cooperate to spread and lighten the load. . . . If you should ever want information on fire boats, Vince Milas is the man to see. He recently attended the launching of Chicago's two new fire boats, one of which, the *Schlager*, was named in honor of his brother-in-law. With his attention to detail, he picked up all the minutiae from one of the attending fire department officials. . . . Maurice Baron recently returned to his office after an absence of five months due to a coronary occlusion. This month he was also installed as Commander of the Lawn Post of the American Legion. . . . Our Armistice meeting was well attended, and it was good to see so many of the young men around the room. Let's see you at many more meetings, fellows, for both you and the Society gain by your attendance.—*Francis J. O'Grady, Branch Correspondent.*

NORTH SUBURBAN

Judging from the attendance (nearly 300) at North Suburban's 18th annual Clinic Day, November 9, it shouldn't be news to many as to just how successful the day and evening were. If it hasn't been printed, it has been orally asserted

that Harry Chronquist, as president, and O. B. Kibler, as chairman, along with all their committees, are to be congratulated. The banquet and evening affair were well attended by the wives and dental assistants of perhaps 60 per cent of the men attending. From my corner, all seemed to have a fine time. The after-dinner speaker, Mr. Lloyd Wendt, was the humorist as billed and proves that South Dakota produces something worthwhile besides Black Hills and pheasants. . . . H. B. Mundell recently visited Billings, Montana. . . . G. E. Wadleigh, whose office is at 55 E. Washington, has rather recently spent five weeks at home recovering from an illness. . . . Maybe you've heard the old proverb, *The door to success is labeled, "Push!"* With this electric age, some people think a photo-electric cell door needs only a shadow to open and close it, but it still takes some substance to break that beam. Are you doing your part to push the door closed on the Socialized Health Program? . . . In talking over a bit of newsprint with Todd Dewel, it was discovered that he was, in earlier days, a devil in Algona, Iowa. Now, being a devil is a lot of hard work if your boss is of the lineage of a printer's devil, too. In other words, he knows all about your job of sweeping out the plant; of collecting the leaded type and remelting it; of running for the old rags and cleaning the ink from a press; of hauling some printed pamphlets about the shop; of replenishing the paper, staples, string and tape; of trying to "drum up" a hot idea for the editor. Say! That's just who I should be looking for—not Todd, but a "devil."—*John C. McGuire, Jr., Branch Correspondent.*



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NEWS AND ANNOUNCEMENTS

(Continued from page 13)

Phi Fraternity and was a past-president of the local alumni chapter.

In the State Society, he also was very active. He served on numerous committees and represented Chicago on the executive council for three years. At the time of his death, he was serving as chairman of the Necrology Committee. He was councilor of the Chicago Dental Assistants Association. Through his efforts it achieved national recognition. He probably interested more young men in becoming members of the Chicago Dental Society than any other member. He rarely missed a dental meeting, either in Chicago or downstate.

His activities did not cease with the profession. He was a member of Ravenswood Lodge No. 777 A.D. & A.M. He became a charter member of the Ravenswood Kiwanis Club twenty-one years ago and holds a record of perfect attendance for that period of time.

One of his major activities was his service to his church, the Joyce Memorial Methodist Church. He served in many capacities and at the time of his passing was chairman of the Board of Trustees. Only severe illness kept him from his church duties.

Dr. West leaves his widow, Blanche; and a brother, Porter.—*Leo W. Kremer.*

DR. DUNCAN W. McEWEN **1877-1949**

Dr. Duncan W. McEwen, a member of the West Side Branch of the Chicago Dental Society, died October 19, 1949, at Westlake Hospital in Maywood. He practiced on the West Side for over forty-two years.

Dr. McEwen was graduated from the Chicago College of Dental Surgery in 1905. He was active in dental society affairs in his earlier days and was a past-president of his Branch. He leaves his widow, Augusta; a daughter, Mrs. Lois Tucker; and four sons, Dr. Kenneth, Dr. William, Charles and Keith.

TELEPHONE COURSE MAKES BIG HIT

The initial presentation of the post-graduate course, "Recent Advances in Dentistry," transmitted by telephone from the University of Illinois College of Dentistry on October 10, was received enthusiastically by participating dental societies. An estimated 7,000 dentists from coast to coast listened in.

One hundred and forty-two societies have signed up for the course and additional dental societies and study clubs are being accepted for enrollment in subsequent programs. Five groups in the Chicago area are participating in the course. They are: Loop Center Dental Study Club, the Arcolian Dental Arts Society, the North Side and West Suburban Branches of the Chicago Dental Society, and the Evanston Association of Dentists.

The next program will be "Nutrition in Dentistry," on January 9, 1950.

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